



UNITED STATES
ENVIRONMENTAL PROTECTION AGENCY
REGION 5
RCRA ACTIVITIES
P.O. BOX A3587
CHICAGO, ILLINOIS 60690

attn: D. Hinckfoot
Ford Motor Co Romeo Engine PLT
701 E 32 Mile Rd
Romeo Mi 48064

9-25-89

RE: EPA ID #: MI D078400165

In response to your request of 11/88 the following information
has been updated:

- 1) installation name- Ford Motor Co Romeo Engine PLT
- 2) installation listed as a generator
- 3) waste codes per your notification
- 4) D. Hinckfoot listed as installation contact 313-752-8305

If you have questions, please contact Sharon Kiddon at (312)886-6173.

Sincerely,

Arthur S. Kawatachi
Information Section
RCRA Program Management Branch

cc: State Agency
File

B96



UNITED STATES
ENVIRONMENTAL PROTECTION AGENCY
REGION V

111 West Jackson Blvd.
CHICAGO, ILLINOIS 60604

REPLY TO ATTENTION OF:
RCRA ACTIVITIES

MAY 25 1982

J. Moosekian, Environmental Rep.
Ford Motor Company
Romeo Tractor Plant
701 East 32 Mile Road
Romeo, Michigan 48065

RE: Interim Status Acknowledgement
FACILITY NAME: Ford Motor Company
Romeo Tractor Plant

USEPA ID No. MID078400165

Dear Mr. Moosekian:

This is to acknowledge that the U.S. Environmental Protection Agency (USEPA) has completed processing your Part A Hazardous Waste Permit Application. It is the opinion of this office that the information submitted is complete and that you, as an owner or operator of a hazardous waste management facility, have met the requirements of Section 3005(e) of the Resource Conservation and Recovery Act (RCRA) for Interim Status. However, should USEPA obtain information which indicates that your application was incomplete or inaccurate, you may be requested to provide further documentation of your claim for Interim Status. Our opinion will be reevaluated on the basis of this information.

As an owner or operator of a hazardous waste management facility, you are required to comply with the interim status standards as prescribed in 40 CFR Parts 122 and 265, or with State rules and regulations in those States which have been authorized under Section 3006 of RCRA. In addition, you are reminded that operating under interim status does not relieve you from the need to comply with all applicable State and local requirements.

The printout enclosed with this letter identifies the limit(s) of the process design capacities your facility may use during the interim status period. This information was obtained from your Part A Permit application. If you wish to handle new wastes, to change processes, to increase the design capacity of existing processes, or to change ownership or operational control of the facility, you may do so only as provided in 40 CFR Sections 122.22 and 122.23.

As stated in the first paragraph of this letter, you have met the requirements of 40 CFR Part 122.23; your facility may operate under interim status until such time as a permit is issued or denied. This will be preceded by a request from this office or the State (if authorized) for Part B of your application. Please contact Arthur Kawatachi of my staff at (312) 886-7449, if you have any questions concerning this letter or the enclosure.

Sincerely yours,


Karl J. Klepitsch, Jr., Chief
Waste Management Branch

Enclosure

cc: M.H. Manning, Gen. Mgr.

OK
2/24/82
5-24-82

89-1256
Waste Activity



EPA Notification of Hazardous Waste Activity

Please refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law (*Section 3010 of the Resource Conservation and Recovery Act*).

Comments

[illegible]

| | | | | | | | | | | | | | | | | | |
|------------------------------|--|--|--|--|--|--|--|--|--|-----|---|----------|--|--|--------------------------------|--|--|
| Installation's EPA ID Number | | | | | | | | | | | | Approved | | | Date Received (yr. mo. day) | | |
| C | | | | | | | | | | T/A | C | | | | | | |
| F | | | | | | | | | | | 1 | | | | | | |

| | |
|---------------|--------------------|
| FORD MOTOR CO | ROMEO ENGINE PLANT |
|---------------|--------------------|

Street or P.O. Box

[illegible]

| | | | | | | | | | | | | | | | | | | | | | | |
|--------------|---|---|---|---|---|--|--|--|--|--|--|--|--|--|-------|---|----------|---|---|---|---|---|
| City or Town | | | | | | | | | | | | | | | State | | ZIP Code | | | | | |
| C 4 | R | O | M | E | O | | | | | | | | | | | M | I | 4 | 8 | 0 | 6 | 4 |

Street or Route Number

[illegible]

| City or Town | | | | | | | | | | | | | | | | | State | ZIP Code | | |
|--------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-------|----------|--|--|
| C | | | | | | | | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | | | | | | | | |

Name² and Title (last, first, and job title)[illegible]

A. Name of Installation's Legal Owner

[illegible]**VI. Type of Regulated Waste Activity (Mark "X" in the appropriate boxes. Refer to instructions.)**

A. Hazardous Waste Activity

- ☒ 1a. Generator ☐ 1b. Less than 1,000 kg/mo.
- ☐ 2. Transporter
- ☐ 3. Treater/Storer/Disposer
- ☐ 4. Underground Injection
- ☐ 5. Market or Burn Hazardous Waste Fuel
(enter 'X' and mark appropriate boxes below)
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner

B. Used Oil Fuel Activities

- ☐ 6. Off-Specification Used Oil Fuel
(enter 'X' and mark appropriate boxes below)
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner
- ☐ 7. Specification Used Oil Fuel Marketer for On-Site Use
Who First Claims the Oil Meets the Specification

VII. Waste Fuel Burning: Type of Combustion Device (enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)

- ☐
- A. Utility Boiler
- ☐
- B. Industrial Boiler
- ☐
- C. Industrial Furnace

VIII. Mode of Transportation (transporters only — enter 'X' in the appropriate box(es))

- ☐
- A. Air
- ☐
- B. Rail
- ☐
- C. Highway
- ☐
- D. Water
- ☐
- E. Other (specify) _____

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

- ☐ A. First Notification ☒ B. Subsequent Notification (complete item C)

| C. Installation's EPA ID Number | | | | | | | | | | |
|---------------------------------|---|---|---|---|---|---|---|---|---|----|
| M | I | D | 0 | 7 | 8 | 4 | 0 | 0 | 1 | 65 |

| ID — For Official Use Only | | | | | | | | | | | | | | |
|----------------------------|--|--|--|--|--|--|--|--|--|--|--|--|-----|---|
| C | | | | | | | | | | | | | T/A | C |
| W | | | | | | | | | | | | | | 1 |

X. Description of Hazardous Wastes (continued from front)

A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

| | | | | | |
|---|---|---|----|----|----|
| 1 | 2 | 3 | 4 | 5 | 6 |
| | | | | | |
| 7 | 8 | 9 | 10 | 11 | 12 |
| | | | | | |

B. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

| | | | | | |
|----|----|----|----|----|----|
| 13 | 14 | 15 | 16 | 17 | 18 |
| | | | | | |
| 19 | 20 | 21 | 22 | 23 | 24 |
| | | | | | |
| 25 | 26 | 27 | 28 | 29 | 30 |
| | | | | | |

C. Commercial Chemical Product Hazardous Wastes. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

| | | | | | |
|----|----|----|----|----|----|
| 31 | 32 | 33 | 34 | 35 | 36 |
| | | | | | |
| 37 | 38 | 39 | 40 | 41 | 42 |
| | | | | | |
| 43 | 44 | 45 | 46 | 47 | 48 |
| | | | | | |

D. Listed Infectious Wastes. Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

| | | | | | |
|----|----|----|----|----|----|
| 49 | 50 | 51 | 52 | 53 | 54 |
| | | | | | |

E. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24)

☒ 1. Ignitable
(D001)

☒ 2. Corrosive
(D002)

☐ 3. Reactive
(D003)

☐ 4. Toxic
(D000)

XI. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

| | | |
|-------------------------------------|---|------------------------|
| Signature <i>George R. Pfeil</i> | Name and Official Title (type or print) George R. Pfeil Plant Manager | Date Signed 11/9/88 |
|-------------------------------------|---|------------------------|



ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

MID078400165

REACKNOWLEDGEMENT

FORD MOTOR COMPNAY ROMEO TRACTOR PLT
701 E 32 MILE ROAD
ROMEO MI 48065

INSTALLATION ADDRESS

701 E 32 MILE ROAD
ROMEO

MI 48065

U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITYINSTALLATION'S EPA
I.D. NO.

MID078400165

I. NAME OF INSTALLATION

II. INSTALLATION
MAILING
ADDRESSFORD MOTOR COMPANY**
701 E 32 MILE RD
ROMEO, MI 48065

III. LOCATION OF INSTALLATION

701 E 32 MILE RD
ROMEO, MI 48065

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

000173 AUG 18 80

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED
(yr., mo., & day)

MID078400165

A

800815

I. NAME OF INSTALLATION

ROMEO TRACTOR AND EQUIPMENT PLANT

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

3701 EAST 32 MILE ROAD

CITY OR TOWN

ROMEO

ST.

ZIP CODE

MI 48065

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

SAME

CITY OR TOWN

ST.

ZIP CODE

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

MOOSEKIAN, JOSEPH, W: ENVIR REP

313-752-6551

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

FORD MOTOR COMPANY

B. TYPE OF OWNERSHIP
(enter the appropriate letter into box)F = FEDERAL
M = NON-FEDERAL

M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☒ A. GENERATION☐ B. TRANSPORTATION (complete item VII)☒ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☐ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

MID078400165

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

M 2078400/65

| FOR OFFICIAL USE ONLY | | | | | | | | | |
|-----------------------|---|---|---|---|---|---|---|---|----------|
| S | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | T/A C |
| W | M | 1 | 0 | 7 | 4 | 0 | 0 | 0 | 21 |
| 1 | 2 | | | | | | | | 13 14 15 |

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

| 1 | 2 | 3 | 4 | 5 | 6 |
|---------|---------|---------|---------|---------|---------|
| F 0 0 1 | F 0 0 3 | F 0 1 7 | F 0 1 8 | | |
| 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 |
| 7 | 8 | 9 | 10 | 11 | 12 |
| 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 |

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

| 13 | 14 | 15 | 16 | 17 | 18 |
|---------|---------|---------|---------|---------|---------|
| | | | | | |
| 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 |
| 19 | 20 | 21 | 22 | 23 | 24 |
| 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 |
| 25 | 26 | 27 | 28 | 29 | 30 |
| 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 |

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

| 31 | 32 | 33 | 34 | 35 | 36 |
|---------|---------|---------|---------|---------|---------|
| | | | | | |
| 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 |
| 37 | 38 | 39 | 40 | 41 | 42 |
| 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 |
| 43 | 44 | 45 | 46 | 47 | 48 |
| 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 |

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

| 49 | 50 | 51 | 52 | 53 | 54 |
|---------|---------|---------|---------|---------|---------|
| | | | | | |
| 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 |

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE
(D001)


☐ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☒ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

| SIGNATURE | NAME & OFFICIAL TITLE (type or print) | DATE SIGNED |
|---|---------------------------------------|-------------|
| X  | J. van de Kerckhof, Plant Manager | 8/12/80 |

EPA Form 8700-12 (6-80) REVERSE

AUG 12 1980



RECEIVED

FEB 06 1984

WASTE MANAGEMENT BRANCH
EPA, REGION V

Romeo Tractor and
Equipment Plant
701 East 32 Mile Road
Romeo, Michigan 48065
January 31, 1984

Ford Motor Company
Ford Tractor Operations

U. S. Environmental Protection Agency
Region V
RCRA Activities
PO Box A3587
Chicago, Illinois 60690-3587

Subject: Revision of RCRA Part A Application and
Closure Certification of Drum Storage Area - *MID 078 400165 G, TSD-PA*
Romeo Tractor & Equipment Plant

Pursuant to recent meetings with EPA (Washington, D.C.) regarding the Plant's pending delisting petition and recent waste management changes at the Plant, a revised Part A Application is attached. Submittal of this revised application brings the Plant's RCRA Interim Status documentation up-to-date with recent changes in Plant activities.

Enclosed with our revised RCRA Part A application are 1) a Closure Plan for the former hazardous waste drum storage area at the Plant, and 2) a Certification of Closure prepared pursuant to 40 CFR 265.115 which confirms that closure has been effected which meets the specifications contained in the closure plan. Analytical confirmation that the closure performance standard set forth in 40 CFR 265.111 has been satisfied may be found in the closure plan. Pending receipt of agency concurrence, the subject area has not yet been regraded with clean fill.

Please be advised that the storage of all hazardous wastes in containers at the Plant's relocated storage area is as provided in 40 CFR 262.34. By storing such wastes for less than 90 days and adhering to appropriate RCRA Subpart I and other specified Federal Standards, the Plant no longer desires to maintain RCRA Interim Status for these activities.

Insofar as the Plant's two wastewater treatment surface impoundments are concerned, we intend to maintain RCRA Interim Status for these facilities pending EPA action on our delisting petition which was submitted to EPA on August 19, 1983. It remains our opinion that the wastes contained in the impoundments do not exhibit hazardous characteristics and thus should not be considered hazardous wastes, notwithstanding the EPA's current position pending review of the delisting petition that the treatment of wastewater containing phosphate coating rinsewaters results in the treatment/storage of listed hazardous waste F006 (wastewater treatment sludge from electroplating operations).

RECEIVED
2-6-84

Page 2.
1/31/84

It should be noted that it is the Plant's ultimate objective to delist the phosphate wastewater sludge and withdraw from the RCRA permit program and accompanying interim status. As was discussed in a December 15, 1983 meeting of Ford representatives with Mr. Matthew Straus, et al, of the EPA Office of Solid Waste, the Plant will follow the parallel courses of pursuing EPA delisting while implementing appropriate 40 CFR 265 requirements of RCRA interim status applicable to surface impoundments.

Kindly let me know if the above is satisfactory, or if additional information is required. Messrs. J. S. Amber or G. W. Fischer of the Ford Stationary Source Environmental Control Office may be contacted by telephone (313) 322-4646 if you wish to discuss any aspect of this letter.

Very truly yours,



J. van de Kerckhof,
Plant Manager

Attachments/Enclosures

cc: L. AuBuchon, MDNR

1183g

| | | | | | | | | | | | | | | |
|--------------------------|--|---|-------------------------|--|--|--|--|--|--|--|--|--|--|--|
| FORM 3 RCRA |  | U.S. ENVIRONMENTAL PROTECTION AGENCY HAZARDOUS WASTE PERMIT APPLICATION Consolidated Permits Program (This information is required under Section 3005 of RCRA.) | I. EPA I.D. NUMBER | | | | | | | | | | | |
| | | | M I D 0 7 8 4 0 0 1 6 5 | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | |
|-----------------------|--|--|--|--|---------------------------------|--|--|--|--|----------|--|--|--|--|--|--|--|--|--|
| FOR OFFICIAL USE ONLY | | | | | | | | | | | | | | | | | | | |
| APPLICATION APPROVED | | | | | DATE RECEIVED (yr., mo., & day) | | | | | COMMENTS | | | | | | | | | |
| 23 | | | | | 24 | | | | | 29 | | | | | | | | | |

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

☐ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

☐ 2. NEW FACILITY (Complete item below.)

FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

B. REVISED APPLICATION (place an "X" below and complete Item I above)

☒ 1. FACILITY HAS INTERIM STATUS

☐ 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

| PROCESS | PRO-CESS CODE | APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY | PROCESS | PRO-CESS CODE | APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY |
|--------------------------------|---------------|--|---|---------------|--|
| Storage: | | | Treatment: | | |
| CONTAINER (barrel, drum, etc.) | S01 | GALLONS OR LITERS | TANK | T01 | GALLONS PER DAY OR LITERS PER DAY |
| TANK | S02 | GALLONS OR LITERS | SURFACE IMPOUNDMENT | T02 | GALLONS PER DAY OR LITERS PER DAY |
| WASTE PILE | S03 | CUBIC YARDS OR CUBIC METERS | INCINERATOR | T03 | TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR |
| SURFACE IMPOUNDMENT | S04 | GALLONS OR LITERS | OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.) | T04 | GALLONS PER DAY OR LITERS PER DAY |
| Disposal: | | | | | |
| INJECTION WELL | D79 | GALLONS OR LITERS | | | |
| LANDFILL | D80 | ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER | | | |
| LAND APPLICATION | D81 | ACRES OR HECTARES | | | |
| OCEAN DISPOSAL | D82 | GALLONS PER DAY OR LITERS PER DAY | | | |
| SURFACE IMPOUNDMENT | D83 | GALLONS OR LITERS | | | |

| UNIT OF MEASURE | UNIT OF MEASURE CODE | UNIT OF MEASURE | UNIT OF MEASURE CODE | UNIT OF MEASURE | UNIT OF MEASURE CODE |
|-----------------|----------------------|----------------------|----------------------|-----------------|----------------------|
| GALLONS | G | LITERS PER DAY | V | ACRE-FEET | A |
| LITERS | L | TONS PER HOUR | D | HECTARE-METER | F |
| CUBIC YARDS | Y | METRIC TONS PER HOUR | W | ACRES | B |
| CUBIC METERS | C | GALLONS PER HOUR | E | HECTARES | Q |
| GALLONS PER DAY | U | LITERS PER HOUR | H | | |

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---------------------|--|--|--|--|--|--|--|--|--|------------------------------------|--|--|--|--|--|--|--|--|--|----------------------------|--|--|--|--|--|--|--|--|--|---------------------------------|--|--|--|--|--|--|--|--|--|
| S | | | | | | | | | | T/A | | | | | | | | | | C | | | | | | | | | | | | | | | | | | | |
| C | | | | | | | | | | DUP | | | | | | | | | | 1 | | | | | | | | | | | | | | | | | | | |
| 1 2 | | | | | | | | | | 13 14 15 | | | | | | | | | | 16 17 18 | | | | | | | | | | | | | | | | | | | |
| LINE NUMBER | | | | | | | | | | A. PRO-CESS CODE (from list above) | | | | | | | | | | B. PROCESS DESIGN CAPACITY | | | | | | | | | | FOR OFFICIAL USE ONLY | | | | | | | | | |
| 1. AMOUNT (specify) | | | | | | | | | | 2. UNIT OF MEASURE (enter code) | | | | | | | | | | 1. AMOUNT | | | | | | | | | | 2. UNIT OF MEASURE (enter code) | | | | | | | | | |
| X-1 | | | | | | | | | | S 0 2 | | | | | | | | | | 600 | | | | | | | | | | G | | | | | | | | | |
| X-2 | | | | | | | | | | T 0 3 | | | | | | | | | | 20 | | | | | | | | | | E | | | | | | | | | |
| 1 | | | | | | | | | | S 0 4 | | | | | | | | | | 550,000 | | | | | | | | | | G | | | | | | | | | |
| 2 | | | | | | | | | | T 0 2 | | | | | | | | | | 5,000 | | | | | | | | | | U | | | | | | | | | |
| 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 - 18 19 | | | | | | | | | | 27 | | | | | | | | | | 28 | | | | | | | | | | 29 - 32 | | | | | | | | | |

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

Process Code S04 and T02 represent the same two surface impoundments which perform both wastewater treatment and sludge storage.

This waste is included in this Part A application pending EPA on a delisting petition which was submitted on August 19, 1983.

This waste currently exhibits no hazardous characteristics.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

| | |
|--------------------------------|-------------|
| ENGLISH UNIT OF MEASURE | CODE |
| POUNDS..... | P |
| TONS..... | T |

| | |
|-------------------------------|-------------|
| METRIC UNIT OF MEASURE | CODE |
| KILOGRAMS..... | K |
| METRIC TONS..... | M |

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES**1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

| LINE NO. | A. EPA HAZARD. WASTE NO. (enter code) | B. ESTIMATED ANNUAL QUANTITY OF WASTE | C. UNIT OF MEASURE (enter code) | D. PROCESSES | |
|----------|--|---------------------------------------|------------------------------------|-----------------------------|--|
| | | | | 1. PROCESS CODES (enter) | 2. PROCESS DESCRIPTION (if a code is not entered in D(1)) |
| X-1 | K 0 5 4 | 900 | P | T 0 3 D 8 0 | |
| X-2 | D 0 0 2 | 400 | P | T 0 3 D 8 0 | |
| X-3 | D 0 0 1 | 100 | P | T 0 3 D 8 0 | |
| X-4 | D 0 0 2 | | | | included with above |

| EPA I.D. NUMBER (enter from page 1) | | | | | | | | | | | | | FOR OFFICIAL USE ONLY | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---------------------------------------|----|----|----|---------------------------------------|----|----|----|---------------------------------|--------------------------|----|----|------------------------|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|
| S W M I D O 7 8 4 0 0 1 6 5 T/A C 1 | | | | | | | | | | | | | S W DUP T/A C 2 DUP | | | | | | | | | | | | | | | | | | | | | | | | | | |
| IV. DESCRIPTION OF HAZARDOUS WASTES (continued) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LINE NO. | A. EPA HAZARD. WASTE NO. (enter code) | | | | B. ESTIMATED ANNUAL QUANTITY OF WASTE | | | | C. UNIT OF MEASURE (enter code) | D. PROCESSES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | 1. PROCESS CODES (enter) | | | | 2. PROCESS DESCRIPTION (if a code is not entered in D(1)) | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 | 51 | 52 | 53 | 54 | 55 | 56 | 57 | 58 | 59 | 60 | |
| 1 | F | 0 | 0 | 6 | | | | | | | | G | | S | 0 | 4 | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | | T | 0 | 4 | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 25 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 26 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

IV. DESCRIPTION OF HAZARDOUS WASTE (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|----|----|----|----|----|-----|----|
| S | F | M | I | D | 0 | 7 | 8 | 4 | 0 | 0 | 1 | 6 | 5 | T/A | C |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

LONGITUDE (degrees, minutes, & seconds)

| | | | | | | |
|----|----|----|----|----|----|----|
| 4 | 2 | 4 | 8 | 2 | 1 | N |
| 65 | 66 | 67 | 68 | 69 | 70 | 71 |

| | | | | | | | |
|----|----|----|----|----|----|----|----|
| 0 | 8 | 2 | 5 | 9 | 4 | 3 | W |
| 72 | 73 | 74 | 75 | 76 | 77 | 78 | 79 |

VIII. FACILITY OWNER

☐ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

M. H. Manning,
Vice President-General Manager

B. SIGNATURE

M. H. Manning
MH Manning

C. DATE SIGNED

Jan 31, 1984

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED



WEST LAGOON

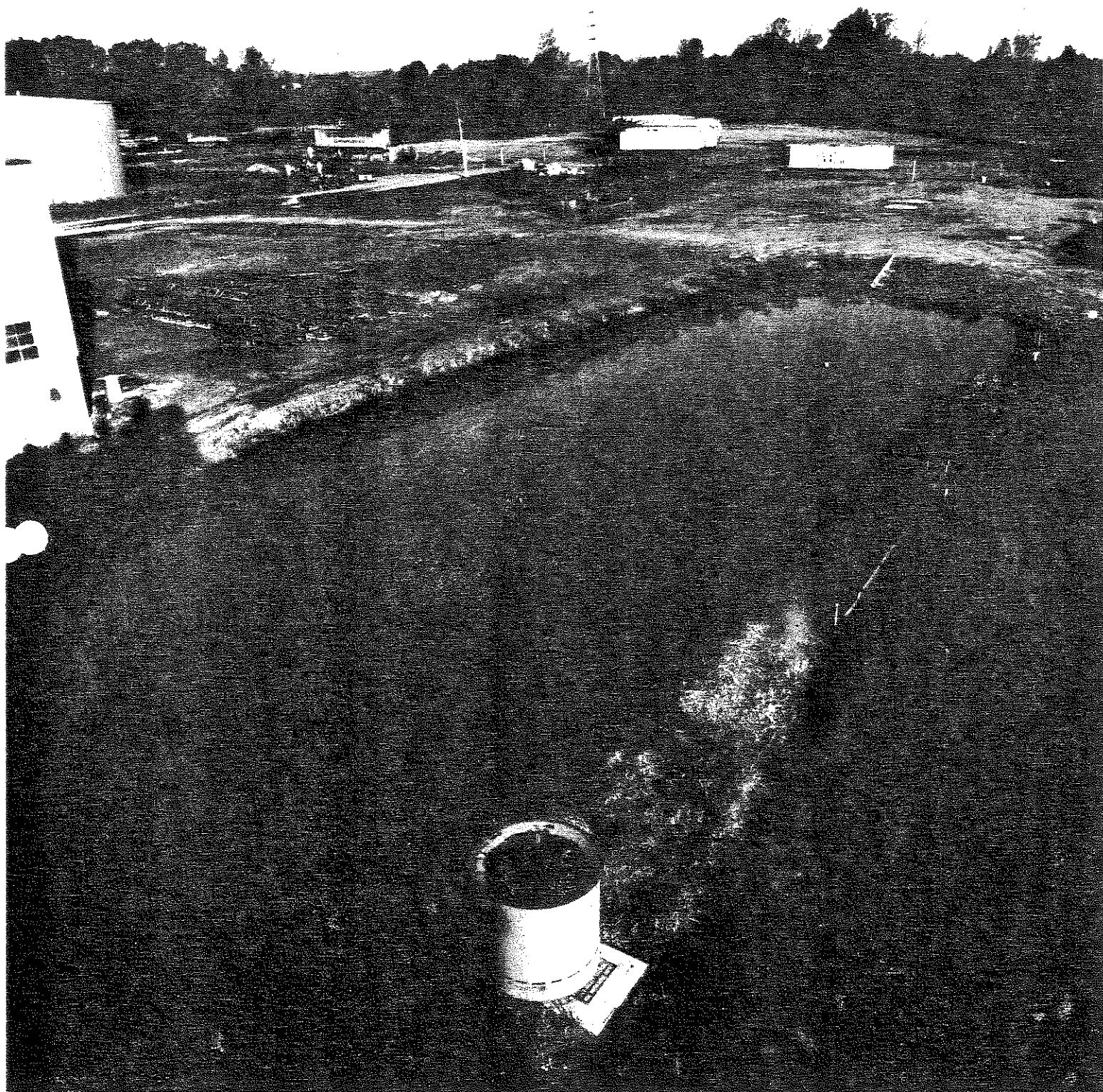
This is a high-contrast, black and white aerial photograph of an industrial facility. The image shows several large, rectangular storage tanks or lagoons arranged in rows. Two specific areas are highlighted with labels and arrows: 'WEST LAGOON' on the left and 'EAST LAGOON' on the right. A large, irregularly shaped area in the center is labeled 'INDUSTRIAL WASTE STORAGE LAGOONS'. The surrounding terrain appears to be flat and possibly covered in vegetation or industrial debris. The image has a grainy, high-contrast quality typical of older aerial photography.

EAST LAGOON

INDUSTRIAL WASTE
STORAGE LAGOONS

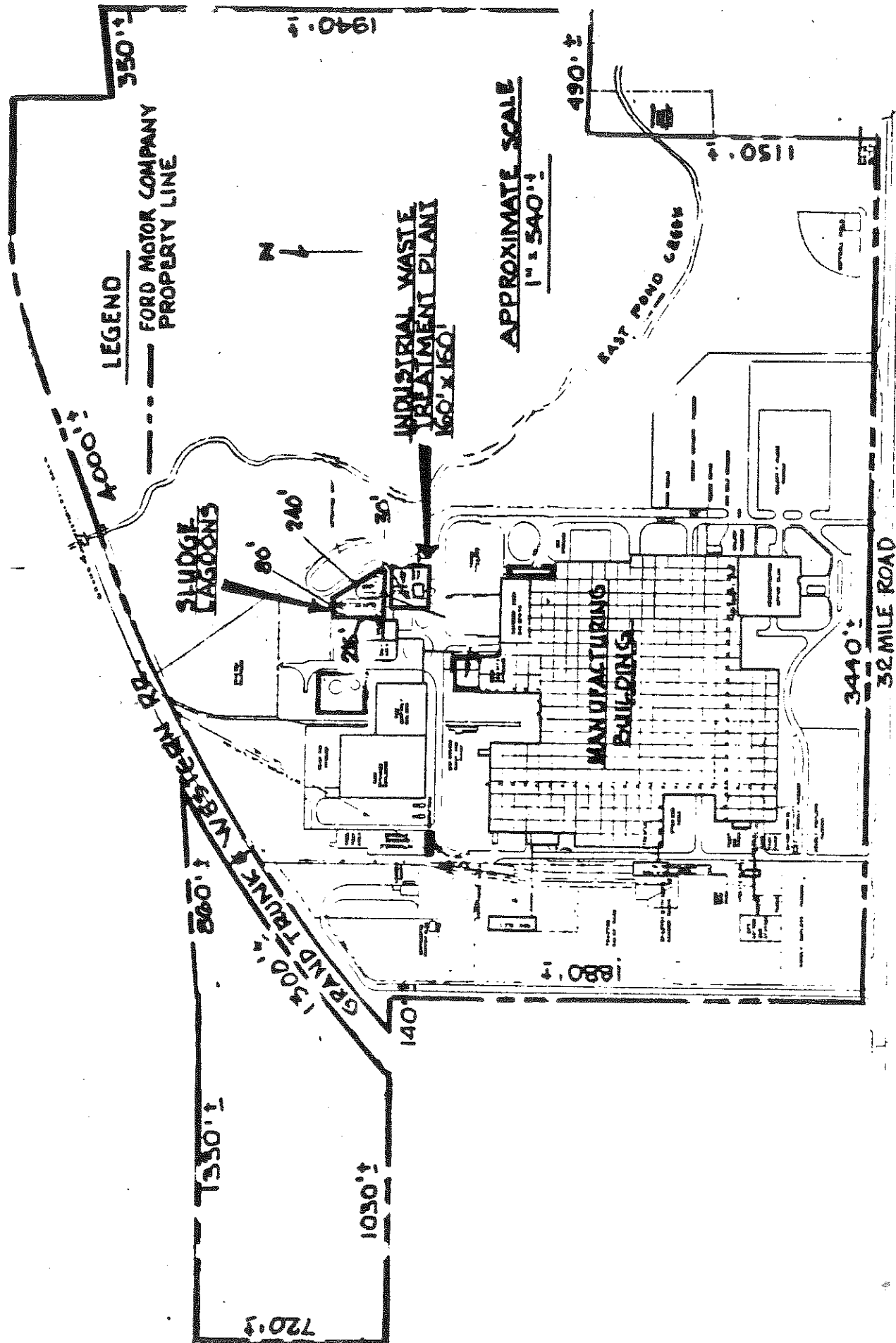


EAST SLUDGE LAGOON
JANUARY 25, 1984



WEST SLUDGE LAGOON
JANUARY 25, 1984

V. FACILITY DRAWING (see page 4)



| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|-------------------------------|---|--|---|---|---|---|---|----|----|----|----|----|----|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|--|
| FORM 1 | | U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION <i>Consolidated Permits Program</i> <i>(Read the "General Instructions" before starting.)</i> | I. EPA I.D. NUMBER <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;">S</td><td style="width:5%;">F</td><td style="width:5%;">M</td><td style="width:5%;">I</td><td style="width:5%;">D</td><td style="width:5%;">0</td><td style="width:5%;">7</td><td style="width:5%;">8</td><td style="width:5%;">4</td><td style="width:5%;">0</td><td style="width:5%;">0</td><td style="width:5%;">1</td><td style="width:5%;">6</td><td style="width:5%;">5</td><td style="width:5%;">3</td><td style="width:5%;">D</td> </tr> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td></td> </tr> </table> | S | F | M | I | D | 0 | 7 | 8 | 4 | 0 | 0 | 1 | 6 | 5 | 3 | D | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | |
| S | F | M | I | D | 0 | 7 | 8 | 4 | 0 | 0 | 1 | 6 | 5 | 3 | D | | | | | | | | | | | | | | | | | | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | | | | | | | | | | | | | | | | | | | | | |
| LABEL ITEMS | | GENERAL INSTRUCTIONS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| II. FACILITY NAME | III. FACILITY MAILING ADDRESS | IV. FACILITY LOCATION | <p>If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PLEASE PLACE LABEL IN THIS SPACE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

| SPECIFIC QUESTIONS | MARK 'X' | | | SPECIFIC QUESTIONS | MARK 'X' | | |
|--|----------|----|---------------|--|----------|----|---------------|
| | YES | NO | FORM ATTACHED | | YES | NO | FORM ATTACHED |
| A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A) | | X | | B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B) | | X | |
| C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C) | X | | NA | D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D) | | X | |
| E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3) | X | | X | F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4) | | X | |
| G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4) | | X | | H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4) | | X | |
| I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5) | | X | | J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5) | | X | |

III. NAME OF FACILITY

| | | | |
|---|---|------|---|
| C | 1 | SKIP | F O R D M O T O R C O M P A N Y R O M E O T R A C T O R P L A N T |
|---|---|------|---|

IV. FACILITY CONTACT

| A. NAME & TITLE (last, first, & title) | | | | B. PHONE (area code & no.) | | | |
|--|---|---|---|----------------------------|---|---|---|
| C | 2 | M O O S E K I A N J. E N V I R O N ' L R E P. | 3 | 1 | 3 | 7 | 5 |
| | | | | | | | |

V. FACILITY MAILING ADDRESS

| A. STREET OR P.O. BOX | | | | B. CITY OR TOWN | | C. STATE | | D. ZIP CODE | |
|-----------------------|---|------------------------------|---|-----------------|-----|----------|---|-------------|---|
| C | 3 | 7 0 1 E. 3 2 M I L E R O A D | 4 | R O M E O | M I | 4 | 8 | 0 | 6 |
| | | | | | | | | | |

VI. FACILITY LOCATION

| A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER | | | | B. COUNTY NAME | | C. CITY OR TOWN | | D. STATE | | E. ZIP CODE | | F. COUNTY CODE (if known) | |
|---|---|------------------------------|---|----------------|-----|-----------------|---|----------|---|-------------|---|---------------------------|--|
| C | 5 | 7 0 1 E. 3 2 M I L E R O A D | 6 | R O M E O | M I | 4 | 8 | 0 | 6 | 0 | 9 | 9 | |
| | | | | | | | | | | | | | |

VIII. OPERATOR INFORMATION

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)

E. STREET OR P.O. BOXF. CITY OR TOWN

X. EXISTING ENVIRONMENTAL PERMITS

XI. MAP

Fq: $A/50$

The Romeo Tractor and Equipment Plant assembles and paints agricultural tractors, industrial tractors, and tractor loader and backhoe assemblies.

$$F_9: \frac{A}{51}$$

I certify under penalty of law that

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

COMMENTS FOR OFFICIAL USE ONLYREVERSE

| | | | | | | | | | | | | | | |
|-----------------------|------------|--|-------------------------------|--|--|--|--|--|--|--|--|--|--|--|
| FORM 3 RCRA | EPA | U.S. ENVIRONMENTAL PROTECTION AGENCY HAZARDOUS WASTE PERMIT APPLICATION Consolidated Permits Program (This information is required under Section 3005 of RCRA.) | I. EPA I.D. NUMBER | | | | | | | | | | | |
| | | | F M I D 0 7 8 4 0 0 1 6 5 3 1 | | | | | | | | | | | |

FOR OFFICIAL USE ONLY

| | | |
|---------------------------|---|-----------------|
| APPLICATION PROVED | DATE RECEIVED (yr., mo., & day) | COMMENTS |
| 23 | 24 25 26 27 28 29 | |

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

| | | | |
|--|--|--|--|
| A. FIRST APPLICATION (place an "X" below and provide the appropriate date) | | 2. NEW FACILITY (Complete item below.) | |
| <input checked="" type="checkbox"/> 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.) | | <input type="checkbox"/> 2. NEW FACILITY (Complete item below.) | |
| 71 | | 71 | |
| FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left) | | FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN | |
| C YR. MO. DAY 8 73 06 30 | | C YR. MO. DAY 73 74 75 76 77 78 | |

B. REVISED APPLICATION (place an "X" below and complete Item I above)

| | |
|--|---|
| <input type="checkbox"/> 1. FACILITY HAS INTERIM STATUS | <input type="checkbox"/> 2. FACILITY HAS A RCRA PERMIT |
| 72 | 72 |

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

| PROCESS | PRO- CESS CODE | APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY | PROCESS | PRO- CESS CODE | APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY |
|--------------------------------|----------------------|--|---|----------------------|--|
| Storage: | | | Treatment: | | |
| CONTAINER (barrel, drum, etc.) | S01 | GALLONS OR LITERS | TANK | T01 | GALLONS PER DAY OR LITERS PER DAY |
| TANK | S02 | GALLONS OR LITERS | SURFACE IMPOUNDMENT | T02 | GALLONS PER DAY OR LITERS PER DAY |
| WASTE PILE | S03 | CUBIC YARDS OR CUBIC METERS | INCINERATOR | T03 | TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR |
| SURFACE IMPOUNDMENT | S04 | GALLONS OR LITERS | OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.) | T04 | GALLONS PER DAY OR LITERS PER DAY |
| Disposal: | | | | | |
| INJECTION WELL | D79 | GALLONS OR LITERS | | | |
| LANDFILL | D80 | ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER | | | |
| LAND APPLICATION | D81 | ACRES OR HECTARES | | | |
| OCEAN DISPOSAL | D82 | GALLONS PER DAY OR LITERS PER DAY | | | |
| SURFACE IMPOUNDMENT | D83 | GALLONS OR LITERS | | | |
| UNIT OF MEASURE | UNIT OF MEASURE CODE | UNIT OF MEASURE | UNIT OF MEASURE | UNIT OF MEASURE CODE | UNIT OF MEASURE CODE |
| GALLONS..... | G | LITERS PER DAY..... | V | ACRE-FEET..... | A |
| LITERS..... | L | TONS PER HOUR..... | D | HECTARE-METER..... | F |
| CUBIC YARDS..... | Y | METRIC TONS PER HOUR..... | W | ACRES..... | B |
| CUBIC METERS..... | C | GALLONS PER HOUR..... | E | HECTARES..... | Q |
| GALLONS PER DAY..... | U | LITERS PER HOUR..... | H | | |

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

| | | | | | | | | | | | |
|--|---|-----------------------------------|--|--|------------------------|---|-----------------------------------|--|--|--|--|
| S C DUP T/A C 3 1 | | | | | | | | | | | |
| 1 2 13 14 15 | | | | | | | | | | | |
| LINE NUMBER | A. PRO- CESS CODE (from list above) | B. PROCESS DESIGN CAPACITY | | FOR OFFICIAL USE ONLY | LINE NUMBER | A. PRO- CESS CODE (from list above) | B. PROCESS DESIGN CAPACITY | | FOR OFFICIAL USE ONLY | | |
| | | 1. AMOUNT (specify) | 2. UNIT OF MEAS- URE (enter code) | | | | 1. AMOUNT | 2. UNIT OF MEAS- URE (enter code) | | | |
| X-1 | S 0 2 | 200 | G | | 5 | | | | | | |
| X-2 | T 0 3 | 20 | E | | 6 | | | | | | |
| 1 | S 0 1 | 11,600 000 | G | | 7 | | | | | | |
| | S 0 2 | 40,000 000 | G | | 8 | | | | | | |
| 3 | S 0 4 | 400,000 000 | G | | 9 | | | | | | |
| 4 | T 0 2 | 30,000 000 | U | | 10 | | | | | | |
| 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 | | | | | | | | | | | |

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES FOR DESCRIBING OTHER PROCESSES (code "T04-"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

Process Codes T02 and S04 represent surface impoundments which consist of both waste water treatment and hazardous waste storage.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE **CODE**
 POUNDS P
 TONS T

METRIC UNIT OF MEASURE **CODE**
 KILOGRAMS K
 METRIC TONS M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES**1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

| LINE NO. | A. EPA HAZARD. WASTE NO. (enter code) | B. ESTIMATED ANNUAL QUANTITY OF WASTE | C. UNIT OF MEASURE (enter code) | D. PROCESSES | |
|----------|--|---------------------------------------|------------------------------------|-----------------------------|--|
| | | | | 1. PROCESS CODES (enter) | 2. PROCESS DESCRIPTION (if a code is not entered in D(1)) |
| X-1 | K 0 5 4 | 900 | P | T 0 3 D 8 0 | |
| X-2 | D 0 0 2 | 400 | P | T 0 3 D 8 0 | |
| X-3 | D 0 0 1 | 100 | P | T 0 3 D 8 0 | |
| X-4 | D 0 0 2 | | | | included with above |

IV. DESCRIPTION OF HAZARDOUS WASTE (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 1.

EPA I.D. NO. (enter from page 1)

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|
| S | F | M | I | D | 0 | 7 | 8 | 4 | 0 | 0 | 1 | 6 | 5 | 3 | 6 |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

F6: A/55

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

F6: A/56

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

| | | | | | | |
|----|----|----|----|----|----|----|
| 4 | 2 | 4 | 8 | 2 | 1 | N |
| 65 | 66 | 67 | 68 | 69 | 70 | 71 |

LONGITUDE (degrees, minutes, & seconds)

| | | | | | | | |
|----|----|----|----|----|----|----|----|
| 0 | 8 | 2 | 5 | 9 | 4 | 3 | W |
| 72 | 73 | 74 | 75 | 76 | 77 | 78 | 79 |

VIII. FACILITY OWNER
☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

Ford Tractor Operations
General Manager, M. H. Manning

B. SIGNATURE



C. DATE SIGNED

11/18/80

X. OPERATOR CERTIFICATION

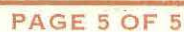
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

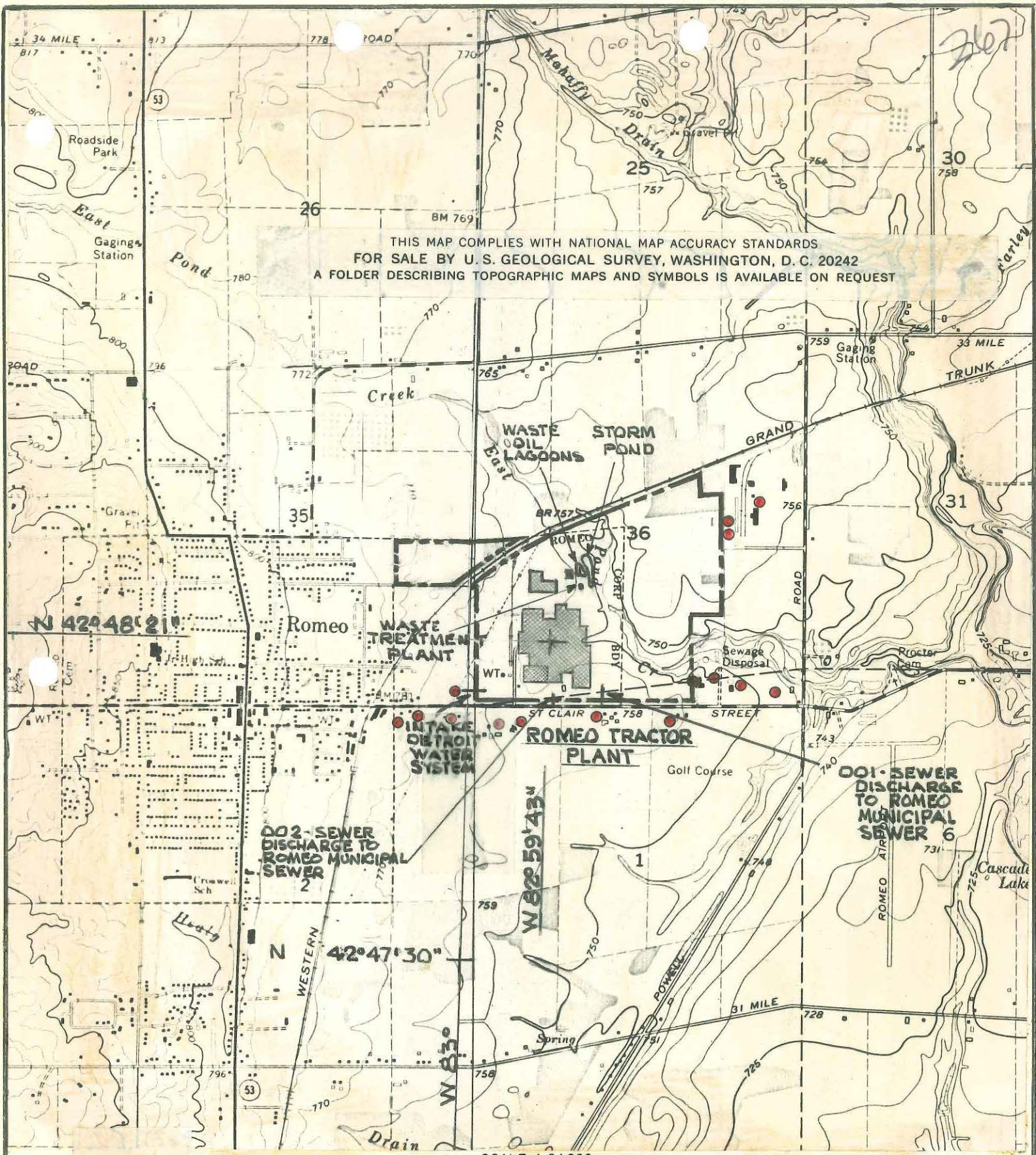
A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

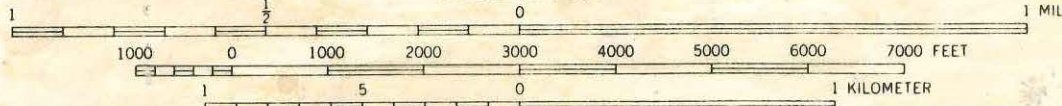
| EPA I.D. NUMBER (enter from page 1) | | | | | | | | | | | | | FOR OFFICIAL USE ONLY | | | | | | | | | | | | | |
|---|---------------------------------------|---------------------------------------|---------------------------------|--------------------------|-------|-------|----|----|----|----|----|---|--------------------------|----|----|----|----|----|----|----|----|----|----|----|----|----|
| S W M I D 0 7 8 4 0 0 1 6 5 3 1 | | | | | | | | | | | | | S W DUP 3 2 DUP | | | | | | | | | | | | | |
| 1 2 13 14 15 | | | | | | | | | | | | | 1 2 13 14 15 23 24 25 26 | | | | | | | | | | | | | |
| IV. DESCRIPTION OF HAZARDOUS WASTES (continued) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LINE NO. | A. EPA HAZARD. WASTE NO. (enter code) | B. ESTIMATED ANNUAL QUANTITY OF WASTE | C. UNIT OF MEASURE (enter code) | 1. PROCESS CODES (enter) | | | | | | | | 2. PROCESS DESCRIPTION (if a code is not entered in D(1)) | | | | | | | | | | | | | | |
| | | | | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 |
| 1 | D 0 0 1 | 1,966 000 | T | S 0 4 | S 0 2 | T 0 2 | | | | | | | | | | | | | | | | | | | | |
| 2 | K 0 2 1 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | D 0 0 4 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | D 0 0 6 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | D 0 0 7 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | P 0 3 0 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | D 0 0 8 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | D 0 0 9 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | D 0 1 0 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | D 0 1 1 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | F 0 1 1 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | F 0 1 8 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | F 0 1 7 | 27,135 000 | T | S 0 1 | | | | | | | | | | | | | | | | | | | | | | |
| 14 | F 0 1 8 | 80 000 | T | S 0 1 | | | | | | | | | | | | | | | | | | | | | | |
| 15 | F 0 0 1 | 113 000 | T | S 0 1 | | | | | | | | | | | | | | | | | | | | | | |
| 16 | F 0 0 3 | 188 000 | T | S 0 1 | | | | | | | | | | | | | | | | | | | | | | |
| 17 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 25 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 26 | | | | | | | | | | | | | | | | | | | | | | | | | | |





THIS MAP COMPLIES WITH NATIONAL MAP ACCURACY STANDARDS
FOR SALE BY U. S. GEOLOGICAL SURVEY, WASHINGTON, D. C. 20242
A FOLDER DESCRIBING TOPOGRAPHIC MAPS AND SYMBOLS IS AVAILABLE ON REQUEST

SCALE 1:24 000



CONTOUR INTERVAL 5 FEET
DATUM IS MEAN SEA LEVEL

LEGEND
● DRINKING WATER WELLS

LOCATION MAP-ROMEO TRACTOR PLANT ROMEO, MICHIGAN

UTM GRID AND 1968 MAGNETIC NORTH
DECLINATION AT CENTER OF SHEET

262



DRUM STORAGE 50'x180'
OCT. 24, 1980

267



DRUM STORAGE 100'x150'
OCT. 24, 1980

267



PAINT SLUDGE HOPPERS
20'x70' OCT. 24, 1980

267



WEST SLUDGE LAGOON
OCT. 24, 1980

267

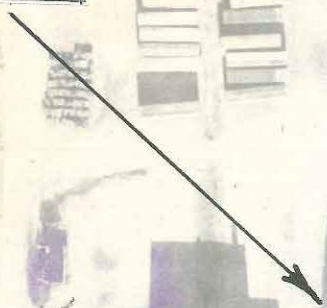


EAST SLUDGE LAGOON
OCT. 24, 1980

267



WEST LAGOON



EAST LAGOON



INDUSTRIAL WASTE
STORAGE LAGOONS





247

Ford Tractor Operations
Ford Motor Company

2500 East Maple Road
Troy, Michigan 48084

Permit Contact (5EP)
U.S. Environmental Protection Agency
230 South Dearborn Street
Chicago, Illinois 60604

November 18, 1980

Gentlemen:

Transmitted herewith, are completed EPA RCRA Permit Part A forms, for the Romeo Tractor Plant, EPA I.D. No. MID078400165.

Sincerely,

A handwritten signature in dark ink, appearing to read "J. C. Munger".

J. C. Munger, Manager
Plant Engineering Department

NU/mls

Attachments

2409A

ENVIRONMENTAL PROTECTION AGENCY

GENERATOR BIENNIAL HAZARDOUS WASTE REPORT FOR 1983

This report is for the calendar year ending December 31, 1983.
Read All Instructions Carefully Before Making Any Entries on Form

I. NON-REGULATED STATUS

Complete this section only if you did not generate regulated quantities of hazardous waste at any time during the 1983 calendar year. Circle the one code at right that best describes your status during the entire year (see instructions for explanation of codes).

- 1 Non-handler
- 2 Small Quantity Generator
- 4 Exempt
- 5 Beneficial Use
- 9 Closed

Please print/type with elite type (12 characters per inch)

II. GENERATOR'S EPA I.D. NUMBER

F M 1 D 0 7 8 4 0 0 1 6 5 1
1 2 13 14 15

T/A C

J. TSD

This Installation's Non-Regulated Status is Expected to Apply:

- ☐ For 1983 Only ☐ Permanently
- ☐ Other _____

C303 ENTRY (OFFICIAL USE ONLY): ☐

III. NAME OF INSTALLATION

F O R D M O T O R C O M P A N Y R O M E O T R A C T O R P L A N T
30 69

IV. INSTALLATION MAILING ADDRESS

3 7 0 1 E A S T 3 2 M I L E R O A D
15 16 45

Street or P.O. Box

4 R O M E O M I 4 8 0 6 5
15 16 41 42 47 51

City or Town

State Zip Code

V. LOCATION OF INSTALLATION (if different than section IV above)

5
15 16 45

Street or Route number

6
15 16 41 42 47 51

City or Town

State Zip Code

VI. INSTALLATION CONTACT

2 M O O S E K I A N J O S E P H W
15 16 45

Name (last and first)

3 1 3 1 7 5 2 6 5 5 1 X2113
46 55

Phone No. (area code & no.)

VII. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

D. M. Alexander

Manager

2-28-84

Print/Type Name

Title

Signature of Authorized Representative

Date Signed

Tear out here

ENVIRONMENTAL PROTECTION AGENCY

Generator Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

Date rec'd: _____ Rec'd by: _____

VIII. GENERATOR'S EPA I.D. NO.

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|----|----|----|
| G | M | 1 | D | 0 | 7 | 8 | 4 | 0 | 0 | 1 | 6 | 5 | 1 |
| 1 | 2 | | | | | | | | | | 13 | 14 | 15 |

IX. FACILITY NAME (specify facility to which all wastes on this page were shipped)

SYSTECH CORPORATION

XI. FACILITY ADDRESS

ROUTE 2
PAULDING, OHIO 45879

X. FACILITY'S EPA I.D. NO.

| | | | | | | | | | | | | |
|----|---|---|---|---|---|---|---|---|---|---|----|---|
| F | 0 | H | D | 0 | 0 | 5 | 0 | 4 | 3 | 9 | 4 | 7 |
| 16 | | | | | | | | | | | 28 | |

XII. TRANSPORTATION SERVICES USED

ENVIRONMENTAL MANAGEMENT CORPORATION
MT270013725

XIII. WASTE IDENTIFICATION

| Sequence # | Line # | A. Description of Waste | B. DOT Hazard code | C. EPA Hazardous Waste No. (see instructions) | D. Amount of Waste | E. Unit of Measure |
|------------|--------|---|--------------------|---|--------------------|--------------------|
| 29 | 32 | 1 Paint Waste N.O.S. Mixture of Antifreeze and Thinners | 08 | D 0 0 1 35 38 39 42 | 1 3 2 | T |
| | | | 33 34 43 | 46 47 50 51 | 59 | 60 |
| | 2 | | | | | |
| | 3 | | | | | |
| | 4 | | | | | |
| | 5 | | | | | |
| | 6 | | | | | |
| | 7 | | | | | |
| | 8 | | | | | |
| | 9 | | | | | |
| | 10 | | | | | |
| | 11 | | | | | |
| | 12 | | | | | |

XIV. COMMENTS (enter information by section number—see instructions)

ENVIRONMENTAL PROTECTION AGENCY

Generator Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

Date rec'd: _____ Rec'd by: _____

VIII. GENERATOR'S EPA I.D. NO.

| | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|----|----|----|---|
| G | M | 1 | D | 0 | 7 | 8 | 4 | 0 | 0 | 1 | 6 | 5 | 1 | 1 |
| 1 | 2 | | | | | | | | | | 13 | 14 | 15 | |

IX. FACILITY NAME (specify facility to which all wastes on this page were shipped)

MICHIGAN DISPOSAL

X. FACILITY'S EPA I.D. NO.

| | | | | | | | | | | | | | | |
|----|---|---|---|---|---|---|---|---|---|---|---|----|--|--|
| F | M | 1 | D | 0 | 0 | 0 | 7 | 2 | 4 | 8 | 3 | 1 | | |
| 16 | | | | | | | | | | | | 28 | | |

XI. FACILITY ADDRESS

49350 N. SERVICE DRIVE
BELLEVILLE, MICHIGAN 48184

XII. TRANSPORTATION SERVICES USED

WASTE MANAGEMENT

MID 0 7 2 7 9 0 5 4 6

BROWNING FERRIS

MID 0 5333 5899

XIII. WASTE IDENTIFICATION

| Sequence # | Line # | A. Description of Waste | B. DOT Hazard code | C. EPA Hazardous Waste No. (see instructions) | D. Amount of Waste | E. Unit of Measure |
|------------|--------|--------------------------------|--------------------|---|--------------------|--------------------|
| 29 | 32 | 1 Waste Treatment Plant Sludge | 1 5 | F 0 0 6 35 38 39 42 | 7 5 | T |
| | | | 33 34 43 | 46 47 50 51 | 59 | 60 |
| | 2 | | | | | |
| | 3 | | | | | |
| | 4 | | | | | |
| | 5 | | | | | |
| | 6 | | | | | |
| | 7 | | | | | |
| | 8 | | | | | |
| | 9 | | | | | |
| | 10 | | | | | |
| | 11 | | | | | |
| | 12 | | | | | |

XIV. COMMENTS (enter information by section number—see instructions)

Test results for E. P. Toxicity, Corrosivity, Reactivity and Ignitability, confirm this waste does not exhibit hazardous characteristics, pending agency action on a petition for delisting now before E.P.A. The wastewater treatment sludge is being disposed of as a hazardous waste.

ENVIRONMENTAL PROTECTION AGENCY

Generator Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

Date rec'd: _____ Rec'd by: _____

VIII. GENERATOR'S EPA I.D. NO.

| | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|----|----|----|---|
| G | M | I | D | 0 | 7 | 8 | 4 | 0 | 0 | 1 | 6 | 5 | 1 | 1 |
| 1 | 2 | | | | | | | | | | 13 | 14 | 15 | |

X. FACILITY'S EPA I.D. NO.

| | | | | | | | | | | | | |
|----|---|---|---|---|---|---|---|---|---|---|----|---|
| F | M | I | D | 0 | 4 | 8 | 0 | 9 | 0 | 6 | 3 | 3 |
| 16 | | | | | | | | | | | 28 | |

IX. FACILITY NAME (specify facility to which all wastes on this page were shipped)

WAYNE DISPOSAL

XI. FACILITY ADDRESS

49350 N. SERVICE DRIVE
BELLEVILLE, MICHIGAN 48184

XII. TRANSPORTATION SERVICES USED

WASTE MANAGEMENT
MID072790546BROWNING FERRIS
MID053335899ENVIRONMENTAL MANAGEMENT CORP.
MIT270013725

XIII. WASTE IDENTIFICATION

| Sequence # | # | A. Description of Waste | B. DOT Hazard code | C. EPA Hazardous Waste No. (see instructions) | D. Amount of Waste | E. Unit of Measure |
|------------|----|--|--------------------|---|--------------------|--------------------|
| 1 | 1 | Excavated earth - may contain waste paint and solvents | 1,5 | F 0,0,3 | 137.5 | T |
| 2 | 2 | Waste Treatment Plant sludge | 1,5 | F 0,0,6 | 5.5 | T |
| 3 | 3 | Excavated earth - may contain oil and ferric chloride. | 1,5 | D 0,0,2 | 16.2 | T |
| 4 | 4 | | | | | |
| 5 | 5 | | | | | |
| 6 | 6 | | | | | |
| 7 | 7 | | | | | |
| 8 | 8 | | | | | |
| 9 | 9 | | | | | |
| 10 | 10 | | | | | |
| 11 | 11 | | | | | |
| 12 | 12 | | | | | |

XIV. COMMENTS (enter information by section number—see instructions)

See attached sheet.

Attachment

XIV. COMMENTS (enter information by section number - see instructions)

Line #1 - Excavated earth from closure of on-site hazardous waste container storage area, which formerly handled waste paint and solvents in 55-gallon drums. The waste is believed to be non-E.P. toxic, non-corrosivity, non-reactive, non-ignitable.

Line #2 - Test results for E. P. toxicity, corrosivity, reactivity, and ignitability, confirm this waste does not exhibit hazardous characteristics pending agency action on a petition for delisting now before E.P.A. The wastewater treatment sludge is being disposed of as a hazardous waste.

Line #3 - Contaminated soil from under aboveground storage tanks which contain waste oil and ferric chloride. Spoil may contain some of the above. The waste is presumed to be corrosive.

ENVIRONMENTAL PROTECTION AGENCY

Generator Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

Date rec'd: _____ Rec'd by: _____

VIII. GENERATOR'S EPA I.D. NO.

T A C

G M I D O 7 8 4 0 0 1 6 5 1 1
1 2 13 14 15

X. FACILITY'S EPA I.D. NO.

F M I D O 9 6 9 6 3 1 9 4
16 28

IX. FACILITY NAME (specify facility to which all wastes on this page were shipped)

CHEM MET SERVICES

XI. FACILITY ADDRESS

18550 ALLEN ROAD
BROWNSTOWN, MICHIGAN 48192

XII. TRANSPORTATION SERVICES USED

ENVIRONMENTAL MANAGEMENT CORP.
MIT 2700 13725

XIII. WASTE IDENTIFICATION

| Sequence # | Line # | A. Description of Waste | B. DOT Hazard Code | C. EPA Hazardous Waste No. (see instructions) | D. Amount of Waste | E. Unit of Measure |
|------------|--------|---------------------------------|--------------------|---|--------------------|--------------------|
| 29 | 32 | 1 Mixture of Paint and Solvents | 0 1 35 | D 0 0 1 38 39 42 | 4 | T |
| | | | 33 34 43 | 46 47 50 51 | 59 | 60 |
| | 2 | | | | | |
| | 3 | | | | | |
| | 4 | | | | | |
| | 5 | | | | | |
| | 6 | | | | | |
| | 7 | | | | | |
| | 8 | | | | | |
| | 9 | | | | | |
| | 10 | | | | | |
| | 11 | | | | | |
| | 12 | | | | | |

XIV. COMMENTS (enter information by section number—see instructions)

ENVIRONMENTAL PROTECTION AGENCY

Generator Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

Date rec'd: _____ Rec'd by: _____

VIII. GENERATOR'S EPA I.D. NO.

T/A C

G M 1 D 10 7 8 4 0 0 1 1 6 1 1
1 2 13 14 15

IX. FACILITY NAME (specify facility to which all wastes on this page were shipped)

PETRO CHEM

X. FACILITY'S EPA I.D. NO.

F M 1 D 9 8 0 6 1 5 2 9 8
16 28

XI. FACILITY ADDRESS

1876 THUNDERBIRD
TROY, MICH 48084

XII. TRANSPORTATION SERVICES USED

ENVIRONMENTAL MANAGEMENT CORP.
MIT 270013725

XIII. WASTE IDENTIFICATION

| Sequence # | Line # | A. Description of Waste | B. DOT Hazard code | C. EPA Hazardous Waste No. (see instructions) | D. Amount of Waste | E. Unit of Measure |
|------------|--------|-----------------------------|--------------------|---|--------------------|--------------------|
| 29 | 32 | 1 Waste Water and Solvents | 0 8 | F 0 0 3 35 38 39 42 | 3 6 | T |
| | | | | 33 34 43 46 47 50 51 | 59 60 | |
| | | 2 Waste Paints and Solvents | 0 8 | D 0 0 1 | 4 | T |
| | 3 | | | | | |
| | 4 | | | | | |
| | 5 | | | | | |
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| | 12 | | | | | |

XIV. COMMENTS (enter information by section number—see instructions)



Ford Motor Company
Ford Tractor Operations

Romeo Tractor and
Equipment Plant
701 East 32 Mile Road
Romeo, Michigan 48065

February 29, 1984

R.C.R.A. Activities
E.P.A. Region V
PO Box A-3587
Attn: Biennial Report
Chicago, Illinois 60690

Subject: Annual Hazardous Waste Reports - 1983

Reference: Ford Motor Company, Romeo Tractor Plant
Facility E.P.A. Identification No. M1D078400165

Gentlemen:

Please find attached the Annual Hazardous Waste Generator and Treatment, Storage and Disposal Reports for 1983.

If you have any questions regarding these reports, please refer them to G. W. Fischer, Stationary Source Environmental Office, One Parklane Towers, Dearborn, Michigan 48126, telephone number: (313) 594-3063.

A handwritten signature in dark ink, appearing to read "D. M. Alexander".

D. M. Alexander,
Manager, Plant
Engineering Dept.

Attachments

cc: G. W. Fischer, SSECO

JWM/g

This report is for the calendar year ending December 31, 1983.
Read All Instructions Carefully Before Making Any Entries on Form

Explain your non-regulated status in the space below.

This facility did not treat, store, or dispose of regulated quantities of hazardous waste at any time during 1983. ☐

II. FACILITY EPA I.D. NUMBER

This Facility's Non-Regulated Status is Expected to Apply:

☐ For 1983 Only ☐ Permanently

☐ Other (explain in comment section)

C303 ENTRY (OFFICIAL USE ONLY): ☐

F O R D M O T O R C O M P A N Y R O M E O T R A C T O R P L A N T

3 7 0 1 E 3 2 M I L E R O A D

4 R O M E O M I 4 8 0 6 5
15 16 41 42 47 51
City or Town State Zip Code

A horizontal number line is shown, starting at 15 and ending at 45. There are tick marks every 1 unit. The number 5 is written in a box above the tick mark for 15.

6 15 16 41 42 47 51
City or Town State Zip Code

2 J O S E P H W M O O S E K I A N 45
15 16
Name (last and first)

Phone No. (area code & no.)

\$

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| 16 | | |

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| 3 | 8 | 5 |
| 19 | | |

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| 4 | 3 | 4 |
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| | | |
| 31 | | |

A. Cost Estimate for Facility Closure

B. Cost Estimate for Post Closure Monitoring and Maintenance (disposal facilities only)

CERTIFICATION
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

D. M. Alexander

Manager

Signature of Authorized Representative

Date Signed _____

Facility Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

Date rec'd: _____ Rec'd by: _____

IX. FACILITY'S EPA I.D. NO.

T/A C

F M 1 D 0 7 8 4 0 0 1 6 5 1
1 2 13 14 15

XI. GENERATOR NAME (specify generator from whom all wastes on this page were received)

ON-SITE ☒

XII. GENERATOR ADDRESS

X. GENERATOR'S EPA I.D. NO.

G
16 28

XIII. TOTAL WASTE IN STORAGE ON DECEMBER 31, 1983 (complete this section only once for your facility)

S01 AMOUNT OF WASTE 0 UOM S02 AMOUNT OF WASTE 0 UOM S03 AMOUNT OF WASTE 0 UOM
S04 AMOUNT OF WASTE 2,200 T UOM S05 AMOUNT OF WASTE 0 UOM

XIV. WASTE IDENTIFICATION

| Sequence # | Line # | A. Description of Waste | B. EPA Hazardous Waste No. (see instructions) | C. Handling Method | D. Amount of Waste | E. Unit of Measure |
|------------|--------|---|---|--------------------|--------------------|--------------------|
| 29 | 32 | 1 Surface impoundment - wastewater and sludge | F 0 0 6 33 36 37 40 41 44 45 48 | S 0 4 49 51 52 | 8 7 5 60 | T 61 |
| | 2 | | | | | |
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| | 11 | | | | | |
| | 12 | | | | | |

XV. COMMENTS (enter information by section number—see instructions)

Test results for E. P. toxicity, corrosivity, reactivity and ignitability, confirm this waste does not exhibit hazardous characteristics pending agency action on a petition for delisting now before E.P.A. The wastewater treatment sludge is being disposed of as a hazardous waste.

Tear out here